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Navy & Marine Corps Medical News

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This service distributes news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is encouraged.

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Headline: VADM Nelson becomes new Surgeon General

By: Earl W. Hicks, Bureau of Medicine and Surgery

WASHINGTON--Vice Admiral Richard A. Nelson, MC, relieved VADM Harold Koenig, MC, in a change of office ceremony June 29 at the Bureau of Medicine and Surgery (BUMED), and became the 33rd Surgeon General of the Navy and Chief, Bureau of Medicine and Surgery. After the change of office, Admiral Nelson commented about his vision for Navy Medicine.

"I'm proud to be your new Surgeon General. I've held a steady course for the past 23 years in my expectations for you, for myself and for Navy Medicine in our obligation to our patients from recruit to retiree," he said. "My background is occupational and preventive medicine. I'll stress service to the Fleet and Marine Forces, health promotion and managing the health of our patient population."

He added, "Together we're going to make this work and we're going to have fun doing it. I look forward to working with the men and women of Navy Medicine to keep us on the forefront of national health care and to reinforce our unique mission."

Admiral Nelson entered the Navy in 1967. After spending a short time at Naval Hospital, Corpus Christi, Texas, he was assigned to Naval Ammunition Depot, McAlester, Ok. His career highlights include duty at the Navy Environmental

Health Center (NEHC) in 1974 when it was located in Cincinnati, Ohio. In 1981, he served as commanding officer of NEHC at its new location in Norfolk, Va. He was commanding officer of Naval Hospital, Bremerton, Wash. from 1989 to 1991. Admiral Nelson served as U.S. Atlantic Fleet Fleet Surgeon, Command Surgeon for the U.S. Atlantic Command, and Medical Advisor to Supreme Command Atlantic in Norfolk, Va. before being promoted to Flag rank. Most recently, he was assigned as Commander, Naval Medical Center, San Diego, with additional duties as the Lead Agent for TRICARE Region Nine.

Admiral Nelson is certified in occupational medicine by the American Board of Preventive Medicine and is a member of the American College of Occupational and Environmental Medicine and the Association of Military Surgeons of the United States.

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Headline: Navy medical team deploys for Exercise Baltic Challenge  
From Bureau of Medicine and Surgery

WASHINGTON--More than 700 active duty and reserve Navy personnel from the National Naval Medical Center (NNMC), Bethesda; Naval Medical Center, Portsmouth; and several other medical commands will be deployed aboard USNS Comfort (T-AH 20) from June 24 until August 15 for Exercise Baltic Challenge '98 which takes place in Lithuania July 10-25.

During its first deployment to the European theater, Comfort will participate July 13-25 with approximately 1,400 personnel from Lithuania, Latvia, Estonia, Norway and Sweden in an exercise related to Baltic Challenge called Medical Central and Eastern Europe 98-2 (MEDCEUR). It is a series of joint and combined activities to improve medical mass casualty operations, planning and coordination skills and also to provide multi-level medical training.

The exercise scenario is based on providing humanitarian assistance after an earthquake in Lithuania. Activities will include medical training operations that test the readiness aspects of COMFORT. Participation in the exercise allows multiple ship and treatment facility mission training including patient evacuation, communications procedures, helicopter operations, handling mass casualties, humanitarian operations, telemedicine and operating with non-governmental and private volunteer organizations.

Navy Medicine's participation in Exercise Baltic Challenge '98 not only contributes to the spirit of the Partnership For Peace program, but certifies the value of medical readiness to our fighting forces as well as our friends and allies.

NNMC provided 577 of the medical personnel deployed aboard COMFORT during Exercise Baltic Challenge '98. Even with the absence of a large number of hospital staff, the deployment should have a minimal impact on services at the

medical center.

The exercise is a medical total force integration that has 400 Navy reservists and nearly 300 contract health providers augmenting staff at NNMCC during the ship's deployment.

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Headline: Telemedicine added to Comfort for Baltic Challenge deployment

By Earl W. Hicks, Bureau of Medicine and Surgery

WASHINGTON--When USNS Comfort (T-AH 20) prepared to sail in June as part of the Navy Medicine contingent in Operation Baltic Challenge, telemedicine technology was a prime consideration in preparing the ship for the exercise. Not only would telemedicine tools serve as a technological resource for the ship's medical staff, telemedicine's ability to enhance medical treatment would also be demonstrated to participating countries.

Preparation for the cruise required outfitting Comfort with an array of new antennas and data lines that would improve the ship's telecommunications capability. During the deployment several demonstrations are planned, such as producing and transferring teleradiology images, both digitized x-rays and CT scans to Bethesda, which would underscore the ship's readiness in telemedicine. The benefits of the new technology were evident when the first test transmission of a CT scan was compressed from 50 to 5 megabytes, allowing a brief 26-minute satellite transfer time to Bethesda, while at the same time conducting a live videoteleconference.

Another part of the demonstration is to have radiologists on board receive CT scans and x-rays from Bethesda. Evaluations of these "pictures" sent to the ship during heavy hospital workloads will allow the most efficient use of personnel and equipment, which ensures prompt patient service at Bethesda during the exercise.

Later in the cruise, Navy telemedicine will represent the U.S. government's expertise in the field at a telemedicine conference in Visby, Sweden. The conference will also provide an opportunity for the Baltic States to discuss telemedicine applications for disaster preparedness, among other uses.

Commander Richard Bakalar, MC, executive assistant to the Navy surgeon general for telemedicine, emphasized how the portability aspect of telemedicine on board the Comfort improves diagnosis and treatment.

"Not only will we have the capability of transferring information from the ship to shore, but we can move x-ray images throughout the ship quickly and efficiently using web technology without having to move the film," he said.

Bakalar said the cruise will serve as the latest showcase for the benefits of telemedicine.

"This is a great opportunity for telemedicine technology

during this cruise," he said. "With different clinical specialists on board the ship, we can re-engineer the communication hardware protocols and software on a hospital ship that have already been proven on combatant ships such as aircraft carriers."

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Headline: USS George Philip Sailors healthier with new program

By ENS Ryan Burke, USN, USS George Philip

SAN DIEGO--USS George Philip (FFG 12) earned the 1997 Surface Force Commander annual wellness unit award for outstanding pursuit of crew wellness and health education. Stressing the importance of preventive health care, George Philip medical personnel made a positive impact on the lives of their shipmates. This marked the first time George Philip has been awarded the big Green "H" for health programs.

LTJG Pete Gallagher, Chief Hospital Corpsman Bruce McKee and Hospitalman Apprentice Russell Dunbar coordinated a three-pronged program to improve diet, enhance exercise routines and establish an anti-tobacco campaign.

The first task required working with the ship's mess specialists to improve crew eating habits. "Healthy Choice" selections incorporated into the crew's menu included food with reduced amounts of fat and sodium. Health-conscious Sailors could turn to these alternative menu items to assist their personal fitness plans.

In addition to dietary maintenance, the Physical Readiness Training (PRT) coordinator fashioned an effective, morale-boosting physical training program while in port. The program focused on group exercises at the divisional level. As a result, crewmembers enjoyed the benefits of increased physical fitness and maximized their PRT scores.

The final component of the program was a ship-wide tobacco cessation campaign. Greater awareness of the dangers of tobacco helped curtail overall tobacco use. One success story was Yeoman First Class Philip Moore who said, "I consumed a tin-a-day of chewing tobacco until Chief McKee's medical department helped me break my fifteen-year chewing habit."

Although not everyone immediately responded to the tobacco cessation campaign, McKee still felt a sense of accomplishment.

"At a minimum, the information we provided caused the crew to contemplate the serious risks associated with tobacco use and our remaining smokers have reduced their overall use."

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Headline: Physician Assistants score high on board examinations

From Academy of Health Sciences, Fort Sam Houston

SAN ANTONIO--Forty students from the first graduating class of the Interservice Physician Assistant Program at the Academy of Health Sciences, Army Medical Department Center and School, Ft. Sam Houston, Texas, took the Physician Assistant (PA) National Certifying Examination in April and the recently released results showed they had a 100 percent pass rate.

Not only did the Navy, Army and Air Force students pass with a mean score of 582, they academically lead their civilian counterparts who had a mean score of 528.

LTC Charles Gorie, academic coordinator for the program, said the results demonstrated that hard work in course design and interservice cooperation in getting the program started paid off with the high scores.

Eight Naval officers were among the successful test takers. After graduation, they will transfer to various shore-based hospitals and ships to serve Navy Medicine. According to LCDR Chuck Harris, clinical coordinator for the program and Navy program director, "This is the result of hard work by all the services and many government and civilian agencies in the transition, development and instruction of the program over the past several years. The academic and practical training of this interservice program produces people that will provide excellent care to Navy and Marine Corps personnel, whether serving at shore-based hospitals, in the field or with the Fleet."

Passing the Physician Assistant National Certifying Examination is not just a "nice to do" exercise for the PAs. Military Physician Assistants have to be nationally certified before they are allowed to practice at a Department of Defense medical facility.

The academic success of students at this relatively new facility, which opened in May 1996, is testimony to the planning that went into developing the teaching program at the largest PA school in the world.

Every two years, enlisted personnel from the Navy, Army, Air Force and Coast Guard attend the two-year program that leads to an undergraduate degree and a commission in the member's service. The program consists of 47 courses in medical topics covering anatomy, internal medicine, diseases and surgical procedures, among others. After classroom study, students get practical knowledge training at one of 19 military medical facilities.

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Headline: Mass casualty drill provides "real" training  
By LCDR Mary Bolich, USNR

MILWAUKEE--The final assessment has been completed and by all accounts Operation Purple Challenge, one of the largest mass casualty response exercises ever undertaken in Wisconsin, was an unqualified success.

The civilian-military exercise simulated a terrorist car

bombing of city hall in the Milwaukee suburb of New Berlin and involved more than 300 people including personnel from the Naval Reserve, Wisconsin Army National Guard and Wisconsin Air National Guard.

The exercise, dubbed Operation Purple Challenge, provided training for Naval Reserve Hospital Great Lakes, Detachment 1113, which drills in Milwaukee; Fleet Hospital 23 detachments from Green Bay and Madison; and Reservists from the Naval and Marine Corps Reserve Center Milwaukee.

Civilian participants included representatives from county, state and federal governments, including a SWAT team, bomb disposal unit and the state emergency management and military affairs departments.

One hundred "injured" reservists were made up with realistic-looking injuries complete with blood, burns, lacerations, prosthetics and tattered clothing.

The pace, conditions and scope of the exercise made it seem authentic according to Hospital Corpsman Third Class Mary Wilmot, who is assigned to Fleet Hospital 23, Detachment H, Green Bay, Wis. "It seemed very real. I learned so much," she said, "I learned a lot about working with doctors, nurses and other corpsmen," she said.

Wilmot's fellow unit member Hospital Corpsman Third Class Robert Vandembush said the exercise provided good training.

"It's a very nice utilization of our resources and provides a good refresher of what goes on in a big emergency and how we'd be able to pull together for a real situation," he said.

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Headline: Hospital springs from a dry desert  
By Dan Barber, Naval Hospital, Twentynine Palms

TWENTYNINE PALMS, Calif.--Each summer at the Marine Corps Air Ground Combat Center (MCAGCC) at Twentynine Palms, Reserve Navy medical professionals, along with a small number of Navy Reserve Seabees, leave their civilian jobs behind to train with the Marines in the heat of the Mojave Desert.

With the drawdown of active duty forces in the post-cold war era, reserve support has gained increased importance.

Recently, Fleet Hospital 500CBTZ 21, Alpha Detachment, a complete operational hospital reserve unit with members from New Mexico, Texas and Oklahoma brought members together at the Combat Center to set up the tents and equipment in the field and provide medical services to Marine Reserves during their summer Combined Arms Exercises.

The Fleet Hospital is an operational hospital dedicated to providing medical support to all U.S. Marines and Naval forces, both in peace and war, in any operational theater. It is staffed with more than 100 medical professionals, has an 18-bed ward, 18-bed intensive care unit, a surgical suite, laboratory, radiology and pharmacy.

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Headline: TRICARE question and answer

Question: Does an active duty family member enrolled in TRICARE Prime have to pay more for an emergency room visit?

Answer: There are no out-of-pocket costs for outpatient or emergency care received at military hospitals or clinics.

The out-of-pocket cost for care received at a civilian emergency room for families in pay grades E-4 and below enrolled in TRICARE Prime is \$10. For families of those in pay grades E-5 and above and retirees and their families, the copayment for an emergency room visit is \$30. This single payment of \$10 or \$30 includes all emergency room services provided in conjunction with the visit.

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Headline: Healthwatch: Snacking can be beneficial  
From Naval Hospital, Twentynine Palms

TWENTYNINE PALMS, Calif.--Eating food between main meals is called "snacking." People normally do it to augment a meal or satisfy a psychological need. Negative images of snacking include potato chips, candy bars, ice cream and other usually high fat, non-nutritive foods. Food such as celery, carrot curls and raisins are considered "good" snacks. The truth is that there are many great snacks between the extremes of celery sticks and potato chips. Snacks can include pieces of fruit, fruit cups, low-fat cottage cheese, sweet peppers, popcorn (no butter, low sodium), and juice drinks, among other choices.

The reason most people snack is the delay between lunch and dinner. Most people eat lunch around noon. Then, in another three hours or so, they are hungry again. If a snack is not consumed at this time, food will be over-consumed later, either as a late snack or overeating at dinner. So, a smart snack selection at this time will fill the hunger attack and prevent over-eating in the evening.

Snacking also serves as a balm for moody moments. Bored or sad, a certain snack may be just right for that mood and fill the craving. One of the oldest associations between mood and food is a pregnant woman's desire to have strange food combinations such as ice cream and pickles.

Here are combinations for when the mood needs food, to quench a thirst and to satisfy a plain hunger attack:

Bored  
Popcorn  
Pickles  
Carrots and raisins  
Bread sticks  
Green or Red Peppers  
Pretzels and Fat Free Carmel Dip  
Rice Cakes with Peanut Butter  
Lonely

Low-Fat Ice Cream  
Non-Fat Yogurt (flavored)  
Banana or Mango  
Chicken Noodle Soup  
Low-Fat Cottage Cheese with Fruit  
Non-Fat Milk and Graham Crackers  
Really Hungry  
Low-Fat Cheese Cubes with Fruit  
Yogurt and your favorite Fruit  
Cereal and Milk  
Peanut Butter on Apple Slices  
Banana and Glass of Low-Fat Milk  
Cup of Hot Soup with Veggies and Crackers  
Thirsty  
Water  
V-8 Juice  
Oranges  
Carbonated water with your favorite juice  
Watermelon  
Popsicle  
Peaches, Grapes or your favorite fruit

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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